

Icon Medical Solutions, Inc.

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DATE: October 19, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

NU Power Operated Scooter

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is certified by the American Board of Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his left knee when he fell at work on xx/xx/xx.

11/18/14: MRI Left Knee W/O Contrast report. IMPRESSION: Tricompartmental osteoarthritis. Grade 4 chondromalacia patella and at least grade 3 tibiofemoral chondromalacia. No acute osseous injury. No osseous contusion or fracture. Medial meniscal tear. Small joint effusion. No intra-articular body or lipohemarthrosis seen. Moderate lateral patellar subluxation. Borderline lateral patellar tilt. Normal patellar tendon length. Popliteal cyst with internal septations and mild surrounding edema may represent recent fluid leakage. Cruciate ligaments intact. Low-grade medial collateral ligament sprain.

12/08/14: The claimant was evaluated for pain in the left knee with giving way and instability. On exam, he was a very large, morbidly obese, near in moderate distress secondary to knee pain. Gait was markedly wide based and antalgic, favoring the left leg. Active range of motion was 10 to 15 degrees from full extension to approximately 70 to 80 degrees of flexion. He could not get even close to 90 degrees without marked guarding and pain. The contralateral leg would bend to 90 degrees and had full extension. Strength testing was not possible; he was too guarded. He had the ability to stand but walked very slowly with a wide-based guarded gait. Palpatory exam revealed 2+ effusion of the left knee joint. He had medial joint line pain, tenderness, and guarding. It was difficult to do a McMurray and Apley test because there was so much pain in the medial aspect of his knee joint and he did guard these exams. A positive test was suspected. The lateral joint line tests were also guarded but thought to be negative. He did not have any lateral knee pain at that time. The collateral and cruciate ligaments appeared intact. Lachman and drawer signs were negative. He had no untoward varus or valgus angulations of either knee. He had patellofemoral pain and tenderness and crepitus. His crepitus was at least 2+ in severity. MRI dated 11/18/14 was

reviewed, which revealed tricompartmental osteoarthritis and what appeared to be an acute medial meniscus tear with extrusion of the body as well as low-grade collateral ligament strains that were not significant. The impression was acute internal derangement of the left knee with tear of the medial meniscus with extruded body; chronic unrelated osteoarthritis of the knee joint; post-traumatic synovitis of the left knee joint. Recommended operative arthroscopy of the left knee with partial meniscectomy followed by aggressive rehab program. It was noted that a significant synovectomy would be required to see enough to do the meniscectomy. Note was made that his current pain was secondary to his acute meniscus tear with extruded body of the meniscus sitting up in the middle of the joint. He stated that he could not live with the pain and could not ambulate or do any work. He acknowledged that his obesity was a problem and stated that he had been working on getting a bariatric type procedure done.

01/27/15: The claimant was evaluated for a medical clearance. noted, "Even for arthroscopic surgery, it may be better if this is done in a hospital setting. Considering his obesity, sleep apnea, compensated heart failure, etc., pulmonary and thromboembolic complications are to be prevented by early ambulation; use of sequential compression devices when possible. He has an intermediate to high risk even though the surgery itself is not all that traumatic."

03/12/15: The claimant was evaluated. stated that he found the case to be "quite troubling on many levels." He stated that the claimant was hurt over 4 months ago, and he was just now seeing him. Note was made that he still walked with crutches, crying out in pain at the "slightest misstep." He stated that the claimant was "looking for a 'home run' type of surgical procedure that will 'take all of my pain away'", and he found that to be very unrealistic and unattainable in his hands. He stated that a standard arthroscopy to address the medial meniscal tear, a partial medial meniscectomy, would not treat or address the underlying arthritic change to the right knee and it was highly unlikely that this arthroscopic procedure alone would "magically reset the clock" inside his knee and make it like it was the day before the injury. stated that the claimant was at significant risk for DVT/P.E. and infection and continued disabling pain despite a technically well done arthroscopic procedure. He recommended total knee replacement arthroplasty but stated that it would not be authorized. He also stated that he will take an extraordinary amount of time to recover with whatever surgical procedure to be performed. He recommended diagnostic and operative arthroscopy of the left knee and noted that chondroplasty of the knee might be required. Both the lateral and medial meniscus were to be evaluated and a partial meniscectomy to be performed if needed.

04/02/15: The claimant was evaluated to discuss surgery denial. He was in severe pain and stated that he had difficulty walking. He was using a cane. He was given a left knee injection of 1 mL Depo-Medrol 40, 3 mL of Marcaine, and 1 mL of dexamethasone. Aquatic therapy with exercises (physical therapy recommended 2-3 times per week for 4 weeks). He was started on a Zoom 20 rolling walker. They discussed rest, ice, compression, and elevation and the necessity to begin a home exercise program. He was started on Cosamin ASU Advanced Formula 2 capsules b.i.d. #120. A motorized scooter was recommended due to his inability to ambulate because of his heart, lung, lumbar back, and knees.

05/07/15: The claimant was evaluated. He had been using a walker for assistance and ice for relief. He had 2 physical therapy sessions with no sign of relief. His pain level was rated 7/10 with medication. On exam, anterior drawer test was negative. Lachman test was negative. Valgus stress test negative and varus stress test negative. Limited exam secondary to c/o severe pain on attempted testing. McMurray test positive. Recommendation was made for Synvisc or Synvisc-One injection. It was noted that cold therapy with ice was the best immediate treatment for acute injuries because it reduces swelling and pain. He was to complete physical therapy. Continued recommendation was made for motorized scooter, as a manual wheelchair was not recommended or feasible because of right shoulder problems, lumbar pain, and his weight and size.

06/04/15: The claimant was evaluated at. It was noted that request was made for a motorized scooter to assist him with mobility because of his physical size, he has a bad right shoulder, and the use of the rolling walker aggravates his shoulder pain.

06/23/15: A letter noted that the estimated date of MMI would be 10/01/2015.

08/11/15: UR. RATIONALE: The guidelines do not recommend power operated scooters. There is no documentation supporting the claimant does not have significant upper extremity function to propel a manual wheelchair or that there is no caregiver available, willing, and able to provide assistance with a manual wheelchair, as required by the Guidelines.

08/13/15: The claimant was evaluated for a postoperative visit. He was status post left knee scope partial medial and lateral meniscectomy done on 07/29/15. It was noted that postoperative complications included swelling. Postoperative pain was moderate. Pain medications included hydrocodone. Postoperative treatment did not include bracing. He had been compliant with post-operative instructions. He had numbness and tingling. He was using a walker for assistance. His symptoms were aggravated by prolonged standing. His range of motion was noted to be limited. He complained of severe left knee pain and diminished active range of motion that he was having a great difficulty in regaining. Physical therapy had not been started. He was to begin physical therapy and return in 4 weeks.

09/03/15: The claimant was evaluated. It was recommended that he attend rehabilitative therapy for 2 visits per week with an expected duration of 4 weeks.

09/08/15: UR. RATIONALE: Per ODG, PMDs are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or the patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. In this case, the patient was diagnosed with internal derangement of the left knee. There are no clinical indications for the motorized scooter. The patient had knee surgery. There are no deficits that warrant a power scooter. The patient has had treatment in May 2014 for shoulder arthritis. There is knee internal derangement. There is morbid obesity. There is no indication why type patient cannot use a manual wheelchair. The request does not meet evidence-based guidelines.

09/09/15: The claimant was evaluated. The assessment was that the claimant continued to be extremely limited secondary to pain. He presented with limited AROM/PROM and was currently tolerating superficial soft tissue mobilizations and isometrics. Modified LAQs were incorporated and he was able to perform 25% of the range of motion. Soft tissue mobilizations and ice continued to be utilized to assist with swelling and pain management. Intermittent and group billing were utilized in today's session. Group of 2. Consult with physician about clearance for aquatic therapy. Continue to emphasize ROM and surrounding muscle activation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse decisions are upheld. There is documentation of post-operative use of a walker for ambulation. Furthermore, there is no demonstration of Upper Extremity dysfunction which inhibits use of a manual wheelchair nor unavailability of caretakers to propel a wheelchair. Therefore, the request for NU Power Operated Scooter is not medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**